



**County of Marion
P.O. Box 744
Marion, S.C. 29571**

Application for Employment

Marion County, South Carolina, does not discriminate on the basis of race, color, religion, sex, national origin, age or handicap.

The application must be filled out in detail, typed or printed in black ink. Failure to complete all sections or to sign application may result in your application being returned for completion, causing delay or possible disqualification.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

May we call you at work? Yes No

Are you a current/present County of Marion Employee? Yes No

Do you have relatives employed in the County of Marion? Yes No

If Yes, what department: _____

Have you ever been convicted of a crime other than minor traffic violation? Yes No

Note: A "yes" answer to the question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying are considered.

If yes:

Charges: _____ Where convicted: _____

Date: _____ Disposition or current status: _____

All applicants tentatively selected for employment for any position will be required to submit to drug screen prior to appointment.

Are you seeking Veteran's Preference as a veteran or as the spouse or mother of a deceased veteran?

Yes No

Employment Data:

Position(s) Examination(s) applied for: (If you know the position title you are seeking, provide below. If you are applying for more than one position, list one title per line. If you do not know the position titles, leave blank.)

1. _____
2. _____
3. _____
4. _____
5. _____

Are you willing to accept the following position? (Answer all three)

Temporary: Yes No

Full Time: Yes No

Part Time: Yes No

Are you willing to accept a position anywhere in the county? Yes No

Should the position for which you are applying require use of a personal vehicle, would such vehicle be available to you? Yes No

If the position for which you are applying requires overnight travel, for how many nights per week would you be willing to be gone? _____

Is there a minimum salary you will accept? Yes No If yes, \$ _____

Earliest you could begin work? _____

List any equipment or machines with which you are proficient and other skills, qualifications, awards, training courses, etc. related to the position for which you are applying;

Are you currently employed? Yes No

If yes, may we contact your present employer regarding your service and employment record? Yes No

Have you ever been discharged or forced to resign from a job? Yes No

If yes, explain in additional comments section or on an attachment.

Instructions: Read carefully before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be fairly evaluated.

1. Give specific information about the nature and responsibilities of each position you held. Use a separate block for each position, even if it is with the same employer.
2. List all employments including military service, part time and self employment and account for all periods of time other than school, including unemployment.
3. A resume may not be substituted for this section. However, a resume may be attached upon full completion of this application.
4. Start with most recent position and work back to first position you held.
5. If space is too limited to list your employment record, you may use additional sheets of 8 ½ x 11 paper following the same format used to below, sign your name and attach to this application.

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ To: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Worked Performed: _____

Reason for Leaving: _____

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ To: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Worked Performed: _____

Reason for Leaving: _____

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ **To:** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Worked Performed: _____

Reason for Leaving: _____

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ **To:** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Worked Performed: _____

Reason for Leaving: _____

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ **To:** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Worked Performed: _____

Reason for Leaving: _____

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ **To:** _____

Hourly Rate/Salary: Starting: _____ **Final:** _____

Worked Performed: _____

Reason for Leaving: _____

EMPLOYER _____

Address _____

Telephone Number _____

Dates Employed from: _____ To: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Worked Performed: _____

Reason for Leaving: _____

Additional Comments:

Use this space to add any comments or information which would help us to evaluate your application. Include any volunteer experience related to the position for which you are applying. Use attachment if necessary

Certification of Applicant:

I affirm, agree and/or understand that all statements on this form are true and accurate; any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by Marion County; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditional upon acceptable information and verification from such employer prior to beginning work, copies of this form may be furnished to other County departments.

Applicant's Signature: _____

Date: _____

Reference Check Claim-Waiver Form

To the potential employee: Please read this form carefully. If you agree to the terms, statements, and conditions listed below, please initial each paragraph where shown, and sign and date the form at the bottom.

A. Verification of Accurateness of Statements Made on Employment Application:

I hereby confirm that the information listed on my employment application dated _____

(and any resume or other documentation submitted by me in relation with my attempt to acquire employment with **Marion County** is true, complete, and precise; and I understand that any false or misleading information or important omissions may disqualify me from any further consideration for employment with **Marion County**, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment Related Information.

With the exclusion of contacting my current employer (discussed below), I completely authorize the inquiry and verification of any statements made by me on my employment application dated _____ (and any resume or other documentation submitted by me in relation with my attempt to acquire employment with **Marion County**). I clearly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed on my application, and any resume or other documentation submitted by me to provide **Marion County** with any information requested that may be related and useful to Marion County in making a hiring decision. **I clearly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which is permitted by law to release.**

Initial _____

C. Contact with Current Employer:

I DO ____/Do Not ____ authorize you to contact my current employer. If and only if I have approved for you to contact my current employer, I agree that the terms set forth in paragraph B also to my current employer.

Initial _____

Date: _____

Signed: _____

Print Name: _____